CERTIFICATE OF DEATH

1(1434 Reg. Dist. No. 333

ect age	2411 N. Charle	es St., Baltimore 13/24 TE OF DEATH Reg. Dist. No. 323
mation carefully. The correath clearly and legibly.	1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn jurgate give residence of mother) State County City or town (If outside circler town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war 3. (b) Social Security Number
of inforses of d	14.Sex 5. Color or race 6.(a) fingle, married, widowed, or divorced	MEDICAL CERTIFICATION 2D. DATE DF DEATH 2D. DATE
the	8.(b) Name of husband of wife. Carolia 7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1945, to 1945.
ians: please write	8. AGE: Years Months Days It less than one day hrs. min. 9. Birthplace	Immediate cause of death DURATION Duration Due to.
WITH UNFADING INI important. Physicians:	11. Industry or business 12. Name Lance and 13. Birtholate alcomac, Co. Va. 14. Maiden name Mary Walker	Dither conditions Carolina Paralla Par
PLAINLY, WI	16. Information . Berge D. Cadio Address 305 Charles, st Salarly MC	Autopsy results
WRITE PI	(Burial, cremation, or remote Which?) Cemetery or commatory Location Date thereof (Buy) (year) (Buy) (year)	Accident, suicide, or homicide
PLEASE	Address fally may and 19. Date regular properties 19. Date regular properties 19. Date regular properties	33. SIGNATURE, M.D. or other Address Date signed

MARGIN RESERVED FOR BINDING

NOV 1 1945 BUREAU V.S.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Bill

10435
Reg. Dist. No. 330 .

CERTIFICATE OF DEATH

1. PLACE OF DEATH: 2/	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County			
City or fown	State County Willemiso		
	City or town (if outside city or town limits, write RURAL and give nearest town)		
How long in above place of death?	(If outside city or town limits, write KUKAL and give nearest town)		
Hospital, tostitution, or street address where death occurred:	Street No		
	(If rurai, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Besul Jaka Bake			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
7. W. Marriel	20. DATE DE DEATH OCT 9 1945 21 4 8 M		
Charles & Baker	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from		
8.(b) Name of husband or wife.	Och Tel 6 19 42 10 Och 7 19 45		
7. Birth date of	and that I last saw h. Il alive on October 2 4 19 45		
deceased (mo., day, yr.)	Immediate cause of death		
8. AGE: Years Months Days If less than one day	Cord you thysuloty		
65 - 28hrsmin.			
9. Birthplace Mardell, Historius, Md.	Due fo.		
(Town, county, and state)	9U6 19.		
10. Usual occupation	Due to		
11. Industry or business			
12. Name Manuary (Yallity	Other conditions all write nefilewith		
13. Birthplace Suntien Man			
M Donel Allah	(Include pregnancy within 3 months of death)		
E 14. Malden name	Major findings of operations		
15. Birthplace Sugartico Mac	Date of op.		
William Idahor	Antones remits		
18. Informant San Ald Shill Shill San	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address Markelle Male	22. VIOLENCE: If death was due to external causes, till in the following:		
12 Build Date thereof Of 11/45	Accident, suicide, or homicide		
(Burial, cremation, or removal, Which?) (month) (May) (year)	Mediani, ministry		
Cemetery or crematory	Whera dld injury occur? (City or town) (County) (State)		
Location Maskell Miles	Injured at home, farm, industry, public place (where?)		
Dail & massink	Means of injury Injured at work?		
blaken mid	William Everich		
Address / Yelling , Mar.	23. SIGNATURE M. D. os-othor		
19. (Date registrar) 19. Registrar	Address of 2 201. 772 Date signed Oct 11 42		
(Date reg d by registrar)	Audicos		

RECTIONS

COTIONS

BURFALLVIN

VS A15

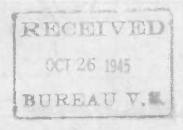
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

X. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County C L L L L L L L L L L L L L L L L L L	(For newborn julants rive residence of mother)
City or town Fluidland	State County County
City or town	Clare town & Seudland
How long in above place of death? 40 lfllll	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	
V	Street Ho
How long in hospitat or institution?	2.(a) tf veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
annie Martha 13	aunds
4. Sax 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Lenale Hite Married	20. DATE OF DEATH OCL 1, 1845. 11/1.45 AM
6. (b) Hame of husband or wife W. Anex Baurks	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
	19.45, to Oct 1 19.45
7. Birth date of	and thet I tage saw h 2 alive on 19
deceased (mo., day, yr.) - 201. /6, /865,	
8. AGE: Years Month's Days It less than one day	Immediate cause of death
80 0 1, 13hrsmin.	Och Cardiac failing
and aller Mumin m.	
9. Birthplace (Toyp, county, and state)	Due to
(hore)	
1D. Usuat occupation.	Due to.
11. industry or business	
El Millian Malore	
12. Hame	Other conditions
2 13. Birthplace Mujners O., 114,	
& Sallie Fresh)	(Include pregnancy within 3 months of death)
E 14. Malden name	Major findings of operations.
14. Malden name Sallie Fugar 15. Birthplace Quiomia 6. M.	Date of op.
Book is to Plus to	
18. Informant	Autopsy results.
Address Mulling. M.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
10/21/5	22. VIOLENCE: It death was due to external causes, fill in the following;
(Burial, cremation, or removal Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
(Burial, cremation, or removal. Which!)	
Cemetery or crematory.	Whera did injury occur?
Location aller, M.S.	Injured at home, farm, industry, public place (where?)
100 100 10 November 100	Means of injury injured at work?
18. Funeral director.	
Address - Ixlichung, Mrs	Lo Gotish
10/9 11/2 /20 (129 ()0	23. SIGNATURE M. D. or other
19. (Octo posit by periodran)	How Talisher And population 10-3-K1-

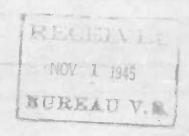


CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Wisconico	(For newborn infants give residence of mother)
(If outside city or then limits, white Right and give nearest t wn)	State Mary Land County Wilconson
How long in above place of death? Care - IT hours . 40 mins	(If outside city or town ingta, write RURAL and rive nearest town)
Hospital, Matitution, of street address where doubt occurred:	Street No. 3.10 mitchell St
BB-/ANJU.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME William Kinn	3. (b) Social Security Number
4. Sex 5. Spior or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white morried.	20. DATE OF DEATH. 10 - 9 - 19 4 5 at 9.25 A
6.(b) Name of husband or wife Butturde Breunny	CENTIFY that death occurred on the date above stated; that I attended deceased from
62/	9-25-1945-10 10-9 1945
7. Birth date of App 1/ - 1880	and that I last saw h
deceased (mo., day, yr.70	Immediate cause of death
8. AGE: Years Months Days If less than one day	in Dia beter
taletim markens	Bue to.
9. Birthplace (Town county and state)	
ID. Usual occupation.	Due to.
1. Industry or business lales man	
12 Namos Fray b Brunneton	Other conditions Janguene fast
12. Name 1 . Truly to Brunnyton	
man / White	(Include pregnancy within 3 months of death)
14. Maiden name Many f White 15. Birthglace Salule, Mad	Major findings of operations.
E 15. Birthplace	Date of op
18, informant Ms. Sellinger Mergy M	Autopsy results.
Address 310. multill it saffeter	PHISICIAN: Ptease underline the cause to which death should be charged statistically.
Buist Date thereof Och, 11-45	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or rem (yal Which?)	Accident, eulcide, or homicide
Cemetery or crematory	Where did Injury occur?
Location Sharing Manya	Injused at home, farm, industry, public place (where?)
18. Fureral director may 1 - 6 Wallett. Hel	Hazar of Injury Injured at work?
Address Salisting mangle and	le fentate
12/11 1/14-60 1 200	SIGNATURE M. B. or other
19. (Data recidity registrar)	Part Gallerian, Mio - 9 - 45 Pair signed

MARGIN RESERVED FOR BINDING

VS A15



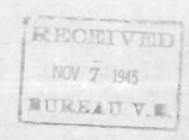
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore BFa

16438

CERTIFICA	TE OF DEATH Reg. Dist. No. 3.3.3.
1. PLACE OF DEATH: County Wicomico City or town Still burk (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? L.K. Hospital, institution, or street address where death occurred: 105 Cherry St How long in hospitat or institution? 3. (a) FULL NAME Augusts Caroline Burd	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infauts give residence of mother) State
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Fernale white widowed	20. DATE OF DEATH. October 22 19 45 at 10 F
6.(6) Name of husband or wife Johnannas Burd 6.(c) If alive, give age year 7. Birth date of deceased (mo., day, yr.) 8. AGF: Years Months Days If test than one day	rs and thet I last saw h. L. alive on
9. Birthplace Helm Iv Delaware (Town, county, and state)	DURATIO Due to Duratio D
10. Usuat occupation. At home 11. Industry or business 12. Name Quel Hastings 13. Birthplace Delmon, Del.	Oue to
14. Maiden name Savah Ann Elliott 15. Birthplace Helman, Delaware	(Incinde pregnancy within 8 months of death) Major fisdings of operations. Date of op.
16. Informant Mrs. Jas. Halloway, Address Delman, Del.	PHYSICIAN: Please nuderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to externat causes, fill in the following;
17. Burial Date thereof Oct. 26 1945 (Burial, operation, or removal, Whitehi) Cemetery or crematury. Smith M.115	Where did injury occur? (City or town) (County) (State)
Location Pdmar Del RFD. 18. Funeral director W.S. Warvel Co.	Means of Injury Injured at work?
Address Del mar, Del avave 19. 10 6 19 6 Registrary	23, SIGHATURE Address Date signed 723/4

MARGIN RESERVED FOR BINDING



Dr. Insley

(-) MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

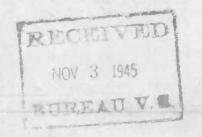
2411 N. Charles St., Baltimore 466)

10439

CERTIFICATE OF DEATH

Reg. Diat. No. 333

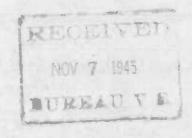
3	1. PLACE OF DEATH: Kilonilo	2. USUAL RESIDENCE (HOME) OF DECEASED: (For) support in faints give residence of mouth
Teg	16 Va a Fresh	State /// f. youry /2 COMO 6
fully.	City or town	City or town
carefull arly and	Hospital pstitution, or freet alongs where death occurred	Street No. 511 S. Park Olivin
43	011, D. 1000	(If rural, give LOCATION)
Sion clo	How long in hospital or institution?	2.(a) It veteran, name war
information care of death clearly	3. (a) FULL NAME Joseph anna (3. (b) Social Security Number
	5. Polor of the 6.(a) Ingle, married, widowed, or divorced	MEDICAL CERTIFICATION
n of	male thite many	20. OATE OF DEATH OU. 15 4 195 2 4 M
item (gan	6, (b) Name of husband or wife long J. Cotypeus	21. I CERTIFY that death occurred on the date above stated; that t altended deceased from
the	6.(c) It alive, give ge	19. 10. Cet 13 19.
everite	7. Birth date of deceased (mo., day, yr.) May 9 2 1896	and that I last saw h
ply will	8. AGE: Years Months Day It less than one day	Immediate cause uf death CAICINSMA HADOMEN OURATION
Sur	49, 5 06hrsmin.	Chamony Caramoma of omentions.
K. pl	9. Birthplace Wango Maryland	Due to Duration: 8 months. D Curgo
IN	(Town, county, and state)	
NG	1D. Usual occupation.	Oue to
ADING IN] Physicians:	11. Industry or business	
5	12. Name 12. Name 13. Britishard Victoria 16. Md.	Other conditions
WITH UNI		(Include pregnancy within 3 months of death)
WITH	14. Malden namberenia Layfield 15. Birthplace Wilsmit MG. med,	Major findings of operations.
W ii	My Para 2 Comment	Date of op
LY,	16. Information	PHYSICIAN: Please underline the cause to which death should be charged statistically.
AINL	Address 11, 11 S. 1 Surp Divis, Survey 184	YIOLENCE: If death was due te external causes, fill in the following:
PLA is est	(Burial, cremation, or remodil Maich?) Date thereot (month) (day) (year)	Accident, suicide, or homicide
国	Cemetery or comatory	Where did injury occur?
whir	Location Salishung, Maryland	Injured at home, farm, Industry, public place (where?)
	18 Fineral director and of C. Wille P. Hollers	Reans of Injury Injured at work?
ASE	Address Talisten many and	2 0 0 0
LE	10/14/1- An Os	M. D. orlother
Ъ	(Dato rec'd by registrat)	Address Balisburg Pro Date signed 17. 4)
127/2000		



Dr. Rademake MARYLAND STATE DEPARTMENT OF HEALTH age 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: information carefully. The of death clearly and legibly. County..... (If outside aty or town limits, write RURAL and give nearest town) How long in above place of death? ide city of flowy limits, write RURAL and give nearest town) Hospitat Ansitution or street Address where death occurred: (If rural, give LOCATION) How long in hospital or institution?.... 2.(a) If veferan, name war...... 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION causes item 2f. I CERTIFY fhaf death occurred on the date above stated; that I attended deceased from 6.(c) If alive, give age 5 6 7. Birth date of deceased (mo., day, Ma Supply DURATION Immediate cause of death It less than one day 8. AGE: MARGIN RESERVED please ADING INK Physicians: 1 9. Birthelace. (Town, county, and state) fD. Usual occupation f1. Industry or business 12. Name. important. 13. Birthelace (Include pregnancy within 3 months of death) PLAINLY, vis especially PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... (day) (year) WRITE Where did Injury occur? (City or town) (County) Injured at home, farm, indusfry, public place (where?) Means of Injury injured af work? PLEASE 23. SIGNATURE M. D. or other (Date rec'd by registra)

RECIDIVED NOV 7 1945

MARGIN RESERVED FOR BINDING



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

	1	1	44	2		
1	Reg. D	list.	No.	3.	3.	3

State Country Secretary State Country Secretary State Country State Country Secretary State Country State State Country State Country State State Country State State Country State State Country State		1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
Ber legin above place of death? Regin legin address where death occurred: Demonstration of state address where death occurred: Street Re			State M. d. County Meleonila
Regular, Institution, or street address where death occurred: Permanulus Permanulus Permanulus Permanulus	1		City or town La aline
Street 18	1		(If outside city or town limits, write RURAL and give nearest town)
Row long in heapital or lestitution? 3. (a) FULL NAME 3. (b) Social Security Number 3. (c) FULL NAME 4. Sex 5. Other or risks 6. (c) Single, married, midewed, or discreed 5. Other or risks 6. (d) Single, married, midewed, or discreed 5. Other or risks 6. (e) Name of hurband or wife 6. (f) Name of hurband or wife 8. (c) It alies, give age orth, years decessed (mo, day, yr.) 8. AGE: Years 8. AGE: Years 8. Months 9. Birthplace 9. Birthplace 10. Usual occupation. 11. Industry or business 12. It is such an one day 12. It is such an one day 13. It is such an one day 14. Maddee name 15. Intermed 16. Intermed 16. Intermed 17. Sirich date or business 18. It is such an one day 19. It is such an one day 10. Usual occupation. 10. Usual occupation. 11. Industry or business 12. It is birthplace 13. It is birthplace 14. Maddee name 15. Intermed 16. Intermed 16. Intermed 17. Intermed 18. Other occupation. 18. Other occupation. 19. Intermed 19. Intermed 10. Usual occupation. 10. Usual occupation. 10. Usual occupation. 11. Industry or business 12. It is birthplace 13. Intermed 14. Maddee name 15. Intermed 16. Intermed 16. Intermed 17. Intermed 18. Other occupation. 18. Other occupation. 19. Intermed 19. Intermed 10. Usual occupation. 10. Usual occupation. 10. Usual occupation. 11. Intermed 12. Intermed 13. Intermed 14. Maddee name 15. Intermed 16. Intermed 17. Intermed 18. Other occupation. 18. Other occupation. 19. Intermed 19. Interme	1	Peningula Gent Hornetal	Street No
3. (a) FULL NAME 4. Sex 5. Dolor or rate 6(40) Single, married, widowed, or diversed 5. Dolor or rate 6(40) Single, married, widowed, or diversed 5. Dolor or rate 5. Dolor	Ĭ	How long in hospital or institution? 3 days	
4. Sex 5. Color or rate 8(0) Single, married, widowed, or diverced 4. Sex 5. Color or rate 8(0) Single, married, widowed, or diverced 4. Sex 5. Color or rate 8(0) Single, married, widowed, or diverced 4. Sex 5. Color or rate 8(0) Single, married, widowed, or diverced 4. Color or rate 4. Col		3. (a) FULL NAME	
Ser S. Color or rake (3) Single, married, widowed, or diverced Female A. A. Set Superior or diversed A. A. Second	1	Sulant of agnes Dashiell	
6.(6) Rame of husband or wife. 8.(6) Halive, give age	-		MEDICAL CERTIFICATION
S. AGE: Years Months Bays If less than one day 9. Birthplace Salar Market Mark		Female a.a Infant	20. DATE OF DEATH
and that I last saw h		6.(b) Name of husband or wife	
Second Months Bays It less than one day It less than one d		8.(c) If alive, give age years	19.73, 10.
8. AGE: Years Months Bays If less than one day 10. Usual occupation. 10. Usual occupation. 11. Industry or business 12. Kame. Edmen Anabhaeld 13. Birthplace Trustand Maryland 14. Maldee name. Anabhaeld 15. Birthplace Eden Maryland Address Eden Maryland Date thereof. Diff. 16. Informant. M.O. Delan O Derron Address Eden Maryland Date thereof. Diff. 17. Birthplace Eden Maryland Date thereof. Diff. 18. Cemetery or crematory. Unitable Anabhaeld Date thereof. Diff. Date thereof. Diff. 19. Where did injury occur? (City or town) (County) Injured at home, farm, industry, public place (where) Means of injury Address 402 & Charach St. 10. Usual occupation. Due to. Unclude pregnancy within 3 months of death) Major findings of operation. Major findings of operation. Major findings of operation. Major findings of operation. Date thereof. Diff. PHYSICIAN: Please underline the cause, to which death should be charged statistically. Accident, suicide, or homicide. Date of. Where did injury occur? (City or town) (County) Injured at home, farm, industry, public place (where) Means of injury Address 402 & Charach St.		deceased (mo., day, yr.) Oct. 8, 1945	
9. Birthplace Salvaline 10. Usual occupation 11. Industry or business 12. Rame 13. Birthplace Fruitant Maryland 14. Maideo name 15. Birthplace Oden Major findings of operation 16. Informant Major findings of operation Major findings of operation Date of op. 16. Informant Major findings of operation Date of op. Autopsy results PHYSICIAN: Pleuse auderline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to betarral causes, till in the following: Accident, suicide, or homicide Date of Where did injury occur? (City or town) (State) Injured at home, farm, industry, public place (where) Means of injury Address 402 & Charach St Address 402 & Charach St Maddress 402 & Charach St 23. SIGNATURE 23. SIGNATURE 23. SIGNATURE 24. SIGNATURE 25. SIGNATURE 25. SIGNATURE 26. SIGNATURE 26. SIGNATURE 27. SIGNATURE 28. SIGNATURE 28. SIGNATURE 29. SIGNATURE 20. SIGNATURE 21. SIGNATURE 22. SIGNATURE 23. SIGNATURE 24. SIGNATURE 25. SIGNATURE 26. SIGNATURE 26. SIGNATURE 27. SIGNATURE 28. SIGNATURE 28. SIGNATURE 29. SIGNATURE 20. SIGNATURE 21. SIGNATURE 21. SIGNATURE 22. SIGNATURE 23. SIGNATURE 24. SIGNATURE 25. SIGNATURE 26. SIGNATURE 27. SIGNATURE 28. SIGNATURE 28. SIGNATURE 29. SIGNATURE 29. SIGNATURE 20. SI		8. AGE: Years Months Days If less than one day	
9. Birthplace Sala and state) 10. Usual occupation. 11. Industry or business 12. Kama. Edman Rahaell 13. Birthplace Trustand Maryland 14. Maidee name Rahaell 15. Birthplace Eden Maryland 16. Informant Man. Delan O. Dela		1	
10. Usual occupation To hold the conditions 11. Industry or business 12. Kame 13. Birthplace Fruitfand Maryfand 14. Maidee name 15. Stringtace Eden Maryfand 16. Informant M.A. Helan O Deterron Address Eden Maryfand 17. Business Steen Maryfand 18. Funeral director 19. States Steen Maryfand 19. States Steen Maryfand 10. Usual occupation 10. Unclude pregnancy within a months of death) 11. Industry or business (Include pregnancy within a months of death) 12. Was permanent of the conditions 13. Birthplace Eden Maryfand 14. Maidee name 15. Stringtace Eden Maryfand 16. Informant M.A. Helan O Deterron Autopsy results. 27. VIOLENCE: It death was due to baternal causes, till in the following: Accident, suicide, or homicide 18. Funeral director 18. Funeral director 18. Funeral director 18. Funeral director 19. States 19. Sta		9 Birtholace Salimbury Md	
11. Industry or business 12. Kame. Elmer Dashell 13. Birthplace Frultard Maryland 14. Maldee name. Agrico Danahure 15. Birthplace Eden Maryland 16. Informant Mag. Helan C. Derron Address Eden Maryland 17. Burnal Date thereof. Old (month) (day) (year) Cemetery or crematory. Which: Coalion Salabing Maryland 18. Funeral director. Lamber J. Salabing Maryland 18. Funeral director. Lamber J. Salabing Maryland 19. Signature J. Signature		(Town, granty, and state)	
12. Name	-	10. Usual occupation.	Due to
13. Birthplace Fruitfaul Maryland 14. Maldeo name Agree Maryland 15. Birthplace Eden Maryland 16. Informati Mrs. Helan O Derron Address Eden Maryland 17. Burial, cremation, or removal. Which? 18. Funeral director Location Address 402 E. Church St. 19. Signature (Include pregnancy within 5 months of death) Major findings of operation Major findings of	-		
14. Maldeo name Agnes Donahuse 15. Birthplace Eden Maryland 16. Informant Mrs. Helan C. Ederron Address Eden Maryland 17. Burial, cremation, or removal. Which? 18. Funeral director. Salsbury Maryland 18. Funeral director. Salsbury Maryland Address 402 E. Church St. (Include pregnancy within 8 months of death) Major findings of operation. Major findings of operation. Major findings of operation. Matopsy results. PHYSICIAN: Pleuse underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to beternal causes, till in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (Coanty) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work? 23. SIGNATURE A SALBARDA M. D.		12. Kame Elmer Dashell	Cither conditions
15. 8 Irithplace Eden Maryland 16. Informant Mas. Helans O. Deterron Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to byternal causes, till in the tollowing: Accident, suicide, or homicide. Bate of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to byternal causes, till in the tollowing: Accident, suicide, or homicide. Bate of Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Address 402 E. Church St. 23. SIGNATURE. 23. SIGNATURE.	1	\$ 13. Birthplace Fruitand Maryland	
Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to byternal causes, till in the tollowing: Accident, suicide, or homicide. Date of		14. Maideo name Canes Donahue	
Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to byternal causes, till in the tollowing: Accident, suicide, or homicide. Date of		5 15 Olethologo & day 1 M. a. C.	
Address Eden Manufaurd 17			
Address Oden Maritania 17		0.4	
1T Burial, cremation, or removal, Which? Date thereof Whom County			
Cemetery or crematory Justine Canada Address 402 6. Church St. Where did Injury occur? (City or town) (County) (State) Injured al home, farm, Industry, aublic place (where?) Means of Injury Address 402 6. Church St. 23. SIGNATURE 2. Male Address Add		11 Burial Date thereof Old 9 1943	
Location Saliabing Maryland Injury all home, farm, industry, aubilic place (where?) 18. Funeral director James J. Slavart Address 4026. Church St. 23. SIGNATURE D. Maryland M. D.			
18. Funeral director. Jumes I. Slawart. Means of Injury Injury at work? Address 4026. Church St. 23. SIGNATURE S. SLEWALLES TAWOU M. D.			(City or town) (County) (State)
18. Funeral director fumes I. Slavant Address 402 & Church St. 23. SIGNATURE & Trivers Manual M. D.		Location Salisbury Maryland	Injured al home, farm, industry, public place (where?)
Address 402 E. Church St. 23 SIGNATURE & Silvers Mauson M. D.		18. Funeral director Jumes 7, Slawart	Means of Injury Injury at work?
			thise of Housen M.D.
(Date regal by recipitrar)		19 10/9 19 dis Massiet & Opto	23. SIGNATURE M. D. of other
	-	(Date regal by recistrar)	Address Date signed 14

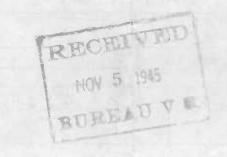
IN MOTOTVED NOV 1 1945 HURLAU V. K.

CERTIFICATE OF DEATH

11,443 Reg. Dist. No. 33/

	rles St., Baltimore 730
CERTIFICA	TE OF DEATH Reg. Diat. No. 33/
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Anna Aivour	3. (b) Social Security Number
4. Sex 5. Cofor or race 6. (a) Single, married, widowed, or divorced 7. Col. Nullow	MEDICAL CERTIFICATION 20. DATE DE DEATH
6.(b) Name of husband or wife Salus Dixon 5.(c) If alive, give age year 7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
8. AGE: Years Months Days It less than one day	n. Oronary Persolates /2 l. Due to Colonic Sugardales See
10. Usual occupation Italia and Canada Santania Southern 11. Industry or business 12. Name. Aland January	Due to
13. Birthplace The The State of	(Include pregnancy within 3 months of death) Major findings of operations
16. Interment DIN January State Address Supplied to 1	Antopsy results
17. (Burial, cremation, or removal. Which?) Cemetery or crematory Cemetery or crematory Company of the compa	22. VIOLENCE: If death was due to external causes, till in the following; Accident, suicide, or homicide
Location Statistics Diff.	Injured at home, farm, industry, public place (where?) Means of Injury tnjured at work?
18. Funeral director Address Address 19. (Date fee'd by registrar) Registrar	23. SIGNATURE COLOR STATE M. D. or other M. D. or other Date signed.

MARGIN RESERVED FOR BINDING



HMARGIN RESERVED FOR BINDING

VS A15

¥

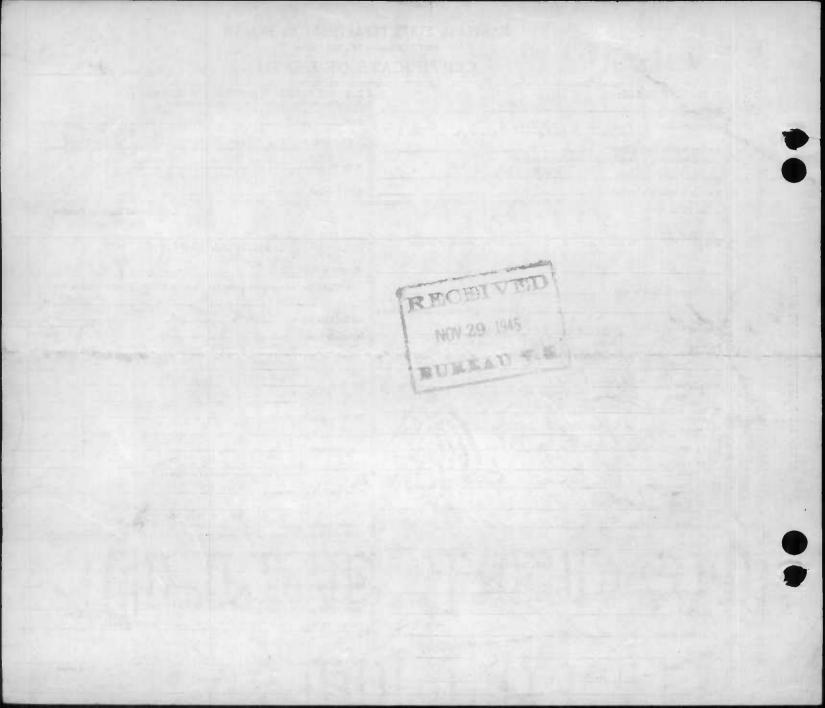
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-0

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Wyconsula	(For newborn infants give residence of mother)
City or town	State County County
	City or town (If outside city or town limits, write RURAL/and give mearest town)
How long in above place of death?	(If outside city or town limits, write RURAL and give mearest wwn)
Hospital, Institution, or street address where death occurred: Oscillation General Haspital	Street No.
Pininsula General Haspital	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME Orland	3. (b) Social Security Number
71. 16. 50. 4.	
4. Sex 5. Color or race 6.(a) Slogle, married, widowed, or divorced	WEDICH CERTIFICATION
A. A	MEDICAL CERTIFICATION
male White Single	20. DATE OF DEATH 10 20 19 46 21 6 0 M
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
B.(b) Name of husband or wife	
B.(c) If alive, give ageyears	
7. Birth date of deceased (mo., day, yr.) Marche 4 th 1901	and that I last saw h
8. AGE: Years Months Days It less than one day	Immediate cause of death OURATION
11 11 4 1/	The state of the s
7 7 1 16min.	factored Brain
9. Birthplace Bishopvill Md.	Oue to
(Town, county, and state)	
10. Usual occupation	Due to
11, Industry or business & ay works	008 10
12. Name Walker Mr. Eduard	Other conditions
\$ 13. Olrthplace Distroparille nd.	(Include pregnancy within 3 months of death)
14. Malden name McClolonomin Gunie &, 15. Birthplace Sup N. Hill Sus.	
5 7/10	Major findings of operations.
- 0.0	Date of op.
16. Informant Para I amuel Walkers	Autopsy results.
Address Bislast and	PHYSICIAN: Please underline the cause to which death should be charged statistically.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal Which?)	Accident, suicide, or homicide.
Td. al chaire	Where did below account have talkywillowsay alel
Cemetery or crematory.	(City or town) (Connty) (State)
Location By Charles	Injured at home, farm, industry, public place (where?)
0 0 1 1 1 0 0 0	Means of Injury Oulomobile accelerationed at work? No
1B. Funeral director 1944 F. Carlotte St. Ca	Bollademaler MO
Address Sellequelle Del,	as assuring Alet med gamer
11.115-116- Hogin 29(23 SIGNATURE MAD, or other
(Date rec'd by registrar)	Address Jalubury Md Date signed 10/21/45



MARGIN RESERVED FOR BINDING

(Date rec'd by registrar)

19.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10444

CERTIFICAT	E OF DEATH Reg. Dist. No. 333
1. PLACE OF DEATH // ComiC	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn inforts give residence of mother)
City or town (if outside city or own limits, wite BORAL and give nearest town)	State County County
How long in above place of death?	City or town (If outside city or tood limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How long to hospitel or instilution?	2.(a) If veteran, name war
3. (a) FULL NAME Mildred May	Finhe 3. (b) Social Security Number
4. Sex 5. Color or face 6. (a) Single, married, wildowed, or disorded	MEDICAL CERTIFICATION 20. DATE OF DEATH. MEDICAL CERTIFICATION 19/5-1030 MEDICAL CERTIFICATION
6.(b) Name of husband or wisconset B. Hintele	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) May 16-1897	and that I last saw here alive on Oel. 3
8. AGE: Years Months Days If less than one day 18hrsmia.	Immediate cause of death DURATION
9. Birthpiace (Town, county, and state)	Due to
10. Usual occupation. The Fact of	Due to
11. Industry of Austiness The Henry Faiful of 12. Name	Other conditions
14. Maiden name Vittie C. Webster 15. Birthplace Ocaf Island med,	(Include pregnancy within 3 months of death) Major findings of operations.
2 15. Birthplace Claf Island Mid.	Date of op.
Address 106/2 febret it Salishy Ma	hitopsy results
(Burial, cremation, of removal Which?) Date thereof. Giay) (year)	Accident, suicide, or homicide
Cemetery or crematory. The major and the second sec	Where did Injury occur?
18 June of Green May 18 G. Walter & Tolly	Injured at home, farm, industry, public place (where?) Means of injury Injured at work?
Address lalifly md.	23- SIGRATURE Smplings
10// 11/-20 720 00	23. SiGNATURE. M. D. or other

Begistrar Address.

RECEIVED OCT 26 1945 BUREAU V. S. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (705)

1944.5 Reg. Dist. No. 333

				-
CERTIFI	O A PET	OF	A 14	A PRINT T
CHRIPI	CAIR	1111	111	Δ I H

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Wilgonalt	(Fed pewborn infants give residence of mother)
City or town	State County County
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. Somethet Ove.
Censul Equial Agold	(If rnral, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Dollard, 19103	a die
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Limale W married	20. DATE OF DEATH. 10 - 6 19.55 at 5.75 M
6,(b) Name of husband or wife Echward . Holland	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give age 59 years	ten le
7. Birth date of O. + 1 - 1991	and that I last saw h. 19
deceased (mo., day, yr.) Systems 7 / 8 7/ 8. AGE: Years Months Bays If less than one day	Immediate cause of death
54 / / hrs	Frastivel shall
	& Brain wy any
9. Birthplace (Town, county, and state)	Bue to
Klause Wile	
10. Usual occupation	Oue to
11. Industry or business	
12. Name Charlie Sering 13. Birthplace Cristiele, Maroland	Other conditions
51 mark Opper	(Include pregnancy within 3 months of death)
14. Maiden name Cristield, Maruland	Major findings of operations.
\$15. Birthplace Custelle, Maryland	Bate of op.
18. Informant C. A. A. A. Caud	Antopsy results.
Address cisfild, Maryland.	PHYSICIAN: Please underline the cause in which death should be charged statistically.
17 Burial Bate thereby Ct. 8, 1945	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or remoyal, Which?) Bate therebl. (day) (year)	Accident, suicide, or homicide. Bace of 10-5-45
Cemetery or crematory Crasfield Children	Where did injury occur? (City or town) (County) (State)
Location Crisbilla, Maryland	injured at home, farm, industry, public place (where?)
18. Funeral director. N. Harven Bradshow	Msans of injury struck by cer injured at work?
Address Cristica Maryland	garaclemater M. D
(+1 0 / - 4 200 B 600	3. STONATURE Definity Med M. D. or other
(Date ree'd by registral)	Address Dalesting Mad Bate signed 18/5/4-
	The state of the s

NOV 1 1945

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct ug is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

			0	-	-
Reg	. Dist.	No.		-	J

1. PLACE OF DEATH: County Clif outside city or town limits, wite RURAL and give nearest town) Row long in above place of death? Bespital, institution, or street address where death occurred: Who long in hospital or institution? 3. (a) FULL NAME 4. Sex 5 (Boiler or race 6. (a) Single, married, widowed, or divorced 5. (b) Hame of husband or wife County Clif outside city or town limits, write RURAL and give mearest town) Street No. (If rural, give LOCATION) 2. (a) If veteran, name war 3. (b) Social Security Number 20. DATE DF DEATH. 21. I CERTIFY I hat death occurred an the date above stated; that I attended deceased from deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day (Town, county, and, date) Duration Du
State County State City or town limits, write RURAL and give nearest town) Row long in above place of death? Bosyntal, institution, or street address where death occurred: Will outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war 3. (b) Social Security Number 3. (c) Full NAME 4. Sex 5(\$polor or race 6.(a) Single, married, widowed, or divorced 4. Sex 5(\$polor or race 6.(a) Single, married, widowed, or divorced 3. (b) Social Security Number 20. DATE DF DEATH. 21. I CERTIFY that death occurred an the dale above stated; that l attended daceased from deceased (mo., day, yr.) 1898 8. AGE: Years Months Days If less than one day Immediate cause of death. Due to Duration Duration
Biospital, Institution, or street address where death occurred: How long in hospital or institution? Street No. (If rural, give LOCATION)
How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex 5 (50) or or race 6.(a) Single, married, widowed, or divorced 4. Sex 5 (50) or or race 6.(a) Single, married, widowed, or divorced 4. Sex 5 (50) or or race 6.(a) Single, married, widowed, or divorced 20. DATE DF DEATH. 21. I CERTIFY that death occurred an the date above stated; that I attended geceased from formula or wide. 3. (b) Social Security Number 20. DATE DF DEATH. 21. I CERTIFY that death occurred an the date above stated; that I attended geceased from formula or wide. 3. (c) If alive, give age years and that I last saw h. A. alive on C. I. 3
4. Sex 5 (Folor or race 6.(a) Single, married, widowed, or divorced 4. Sex 5 (Folor or race 6.(a) Single, married, widowed, or divorced 20. DATE DF DEATH 20. DATE DF DEATH 21. I CERTIFICATION 20. DATE DF DEATH 22. DATE DF DEATH 23. DATE DF DEATH 24. DATE DF DEATH 25. DATE DF D
6.(b) Name of husband or wife. W. Altr. C. Stee 3 19.45 at 10.10 Rm 21, I CERTIFY that death occurred on the dale above stated; that I attended deceased from 21, I CERTIFY that death occurred on the dale above stated; that I attended deceased from 21, I CERTIFY that death occurred on the dale above stated; that I attended deceased from 21, I CERTIFY that death occurred on the dale above stated; that I attended deceased from 21, I CERTIFY that death occurred on the dale above stated; that I attended deceased from 21, I CERTIFY that death occurred on the dale above stated; that I attended deceased from 22, I CERTIFY that death occurred on the dale above stated; that I attended deceased from 21, I CERTIFY that death occurred on the dale above stated; that I attended deceased from 22, I CERTIFY that death occurred on the dale above stated; that I attended deceased from 22, I CERTIFY that death occurred on the dale above stated; that I attended deceased from 22, I CERTIFY that death occurred on the dale above stated; that I attended deceased from 22, I CERTIFY that death occurred on the dale above stated; that I attended deceased from 22, I CERTIFY that death occurred on the dale above stated; that I attended deceased from 22, I CERTIFY that death occurred on the dale above stated; that I attended deceased from 22, I CERTIFY that death occurred on the dale above stated; that I attended deceased from 22, I CERTIFY that death occurred on the dale above stated; that I attended deceased from 22, I CERTIFY that death occurred on the dale above stated; that I attended deceased from 22, I CERTIFY that death occurred on the dale above stated; that I attended deceased from 23, I CERTIFY that death occurred on the dale above stated; that I attended deceased from 24, I CERTIFY that death occurred on the dale above stated; that I attended deceased from 25, I CERTIFY that death occurred on the dale above stated; that I attended deceased from 26, I CERTIFY that death occurred on the dale above stated; that I
6.(b) Mame of husband or wife. M. Altan Communication (S.(c) If alive, give age years deceased (mo., day, yr.) 1898 8. AGE: Years Months Days If less than one day hrs. min. 9. Birthplace (Town, county, and state)
7. Birth date of deceased (mo., day, yr.) 1898 8. AGE: Years Months Days If less than one day
8. AGE: Years Months Days If less than one day 47 Immediate cause of death DURATION S. Birthplace Section Of County, and state) Due to Due
8. Birthplace Sure 1 Country, and state)
A constant
10. Usual occupation
12. Name Ornald Jacks Diher conditions Or Decree of Gloring
(Include pregnancy within 8 months of desth)
(Include pregnancy within 3 months of desth) 14. Major findings of operations. Major findings of operations. Dalo of 00.
16. Informant Elle Gall Autopsy results. Autopsy results.
Address A control of the cause to which death should be charged statistically.
22. VIOLENCE: If death was due to external causes, fill in the following:
(Burief, cremation, or removal. Chich?) Cemetery or crematory. Date thereof
Location Injured at home, farm, lodustry, public place (where?)
18. Funeral director, William & Samues 97 Meens of Injury Injured at work?
Address Princess Ance mode and a construction of the R. Welliams In D
19. (Date rec'd by registrar)

OCT 26 1945
BUREAU V.R.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

	mm ·	
Sorrect age		PARTMENT OF HEALTH 1 () 44'7
rect	CERTIFICAT	E OF DEATH Reg. Dist. No. 333
Was C	PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
information carefully. The	Cily or town. Salar Sala	County Co
ormati	3. (a) FULL NAME	3. (b) Social Security Number
	4. Solor of race 6.(a) Single, married, widowed, or divorced Temple white Sengee.	MEDICAL CERTIFICATION 20. DATE OF DEATH. OCTOBER 19 4 5 14 8 19 19 19 19 19 19 19 19 19 19 19 19 19
MARGIN RESERVED FOR BINDING TE PLAINLY, WITH UNFADING INK. Supply every item of is especially important. Physicians: please write the causes	8.(6) Name of husband or wife 6.(6) Name of husband or wife 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 9. Birthplace Connocte to County land state) 10. Usual occupation. 11. Industry or business 12. Name Society and 13. Birthplace State of the state	20. DATE OF DEATH. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
VS A15 PLEASE WRITE	Address Saluly M. J.	Injured at home, farm, Industry, poblic place (where?) Means of Injury Injured at work? M. D. dother Address Address Address Address

NOV 7 1945 BUREAU V.E. MARGIN RESERVED FOR BINDING

VS A15

(Date rec'd by registra)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1347a)

CERTIFICATE OF DEATH

Date signed 19/24/45

CLRITTCAT	Reg. Dist. No.
1. PLACE OF DEATH: Remission County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For non-porn inflants give residence of mother) State State
How long in above place of death?	City or town (If or take of the control of the cont
How long in hospital or institution	2.(o) tt veteran, name war
3.(a) FULL NAME Martha Ellen Jo	3. (b) Social Security Number
4. Sex She Color of tace 6.(a) Single, married, widowed, or divorced	2D. DATE DE DEATH. 2D. DATE DE
6.(b) Name of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	and that I last saw her alive on 19 DURATION GUEST
9. Birthpiace PD. Frutland md.	Due to Muliple Kidney Stones & yrg
1D. Usual occupation. (Town, county, and state)	Due to Tyelle book Kilding
11. todustry or business 12. Name Serry annin Peter Lingston 13. Birthplace / RO. Fruitland / Md.	Dther conditions
14. Maiden name Mattha Carry 15. Birthplace PD. Fruttand Made	(Include pregnancy within 3 months of death) Major fiadings of uperations.
16. Informant M. affect 3. Jones	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address PO# Salus Value	22. VIOLENCE: It death was due to external causes, till in the following: Accident, suicide, or homicide
Cemetery or frematory Parsons Cem. Mayland	Where did injury occur?
18. Puneral director. Malter P. Hellowy	Means of Injury Injured at work?
19. 10 / 80 bt. 19 d/ b Bassie & English	23. SIGNATURE M. D. or other was 10/24/45

NOV 7 1945

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 114

CERTIFICATE OF DEATH

Reg. Diat. No. 333

Ne Lec. Harry ry

1. PLACE OF DEATH: County City or fown (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? How long in hospital or institution? 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or race 6.(a) Single married, widowed, or divorced	MEDICAL CERTIFICATION
Temede white married	20. DATE DE DEATH Q CT 25 1945 at 630 Pm
B.(b) Name of husband or wife	21. I CERTIFY that death-eccurred on the date above stated; that I ettended deceased from 19. 10. 2. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
12. Name Unglish 13. Birthplace Diracinia 14. Maiden name Diracinia 15. Birthplace Unginia	(Include pregnancy within 3 months of death) Major fiedings of operations.
16. Informant Address State of the State of	Actorsy results. Cisa akere Actorsy results. Physician: Date of op
17	Accident, suicide, or homicide
1B. Funeral director Management House Address	Means of Injury Injured at work? Injured at work?
19. (Date rec'd by registrar) 19 / 5 1 / Saggiet Englisher	23. SIGNATURE M. D. or other M. O. o

NOV 7 1945 BUREAU V.A.

VS A15

(Date rec'd by registrat)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

930

10450

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants/give residence of mother)	
County	State County Districts	
(If outside city or town limits, write RURAL and give nearest town)	le lie haven	
How long in above place of death?	(If outside city or town limits, write BURAL and give nearest town)	
Man 12. Tallers done	Sireet No. (If rural, give LOCATION)	
How long in hospital or institution? 8 quals	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
Herried . Leinis		
4. Sgr) 5. Color or race 6.(a) Single, married, widowed, or diverced	MEDICAL CERTIFICATION	
Senale This Sideul	2D. DATE OF DEATH Set. 7, 19.45. , 21 /7.45 P.M.	
6.(b) Name of husband or wife Ally a. Cems	21. I CERNIFY that death occurred on the date above stated; that Lattended deceased from	
	Sefet 28, The 19 48 to Ocholin Ing 19 4 8	
7. Birth date of deceased (mo., day, yr.) Law. 15, 1866.	and that I last saw hold alive on October 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION	
85 8 //ghrsmin.		
9. Birthplace Mallins North, Lenna.	Due to Dhrombus in Musel	
(Town county, and state)	2 Heart	
1D, Usual occupation.	Due to arterio aclesona to	
11. Industry or business	Magnetin de la comp	
E 12. Name A MANUA J.	Diher conditions Marked and aflused	
\[\frac{1}{2} \] 13. Birthplace Mugnigo 6.	(Include pregnancy within 3 months of death)	
14. Malden name	Major findings of operations	
\$ 15. Birthplace	/Date of op.	
16. Intermant July 12. Falson None Caple	Autopsy results	
Address Salisham, Mr	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
17 Dullal Date thereof 10/4/45,	22. VIOLENCE: If death was due to external causes, till in the tollowing;	
(Burial, oremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory	Where did injury occur?	
Location Location	Injured at home, farm, Industry, public place (where?)	
18. Funeral director Legisland Street Street G.,	Meens of Injury Injured at work?	
Address Salishary, Md.	Carried Heury M	
15/3 11/10 5 000	23. SIGNATURE	

Registrar | Address ...

RECEIVED

OUT 26 1945

BUREAU V. R.

2411	N.	Charles	St.,	Baltimore	108	>
					-	

CERTIFICAT	TE OF DEATH Reg. Dist. No. 333
1. PLACE OF DEATH: County City or town (If outside city or town limits, writh RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Solor or race 6.(a) Single married, widowed, or dy oced Male Colored Single married, widowed, or dy oced S.(b) Name of husband or wife.	MEDICAL CERTIFICATION 20. DATE DF DEATH October 19.45 at 12 9 M 21. I CERTIFY that death occurred on the date above stated; that I attended daceased from
7. Birth date of deceased (mo., day, yr.) duly 4 - 1872 8. AGE: Years Months Days It less than one day hrs. min.	000 6 10 45 10 0cf 7 10 45
(Toyn, county, and state) 10. Usual occupation	Due to.
11. Industry or business Industry or business Industry or busin	Other conditions
16. Interment Walter C. Dunies Address Meyorls Mc Rugel #1	Autopsy results. PHYSICIAN: Please underline the caose to which death shoold be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the following:
(Burial, cremation, or remayal. Which?) Cemetery or crematory Location Date thereof (month) (day) (year)	Accident, suicide, or homicide
16. Funeral director Add Miles & Manual Address Manual IIII Manual Address	Meens of Injury Injured at work?
19. 10 Salar of Registrar	26. SIGNATURE M. D. or other Address Dale land M. D. or other Address Dale signed 09/4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

THE PART OF THE PROPERTY OF THE PART OF THE

THE PARTY OF THE P

NAME OF TAXABLE PARTY.

NOV 1 1945

BUREAU V.S.

2411 N. Charles St., Baltimore 83-

CERTIFICATE OF DEATH

		10452
Reg.	Diat.	No. 3

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Sultanila	
City or town (If outside city or town limits, write RURAL and give nearest town)	
114.0	City or town
How long in ebove place of death? Hospital Institution, or street address where death occurred:	
Pennaula Teneral Hasfulal	Sireet No. (If rural, give LOCATION)
How long in hospital or institutioa?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mary man fall	no
4. Sex 5. Color of pice 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Jemile W.a. married	20. DATE DF DEATH October 9 1945, at 4. A.M
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
1	10/8 19 4V
7. Birth date of	and that I last saw her alive on
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days If less than one day	Carbral Nessorhage 6 lora
51 aleased min.	
Sall Parad	Due to Aryportament Shot 2 yrs
9. Birthplace (Town, connty, and state)	
10. Usual occupation Associate	
	Due to
12. Name / nome of state of the	Dther conditions
₹ 13. Birthplace Dalishilly me	(Include pregnancy within 3 months of death)
14. Malden name of harboth 15. Birthplace squarery mod	
Sale le se mal	Major findings of operations.
2) 15. Diringiace Commission of the second o	Date of op
16. Informant 11. 11. 11. 11. 11. 11. 11. 11. 11. 11	Antopsy results
Address Salulusy med	
1 0 mot 11.1811	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) Date thereof. (month) (day) (year)	
Cemetery or crematory Atauston	Where did injury occur?
V 0 0 . 22-d	Injured at home, farm, industry, public place (where?)
Location Acceptance of the Acc	Means of injury Injured at work?
18. Funeral director desarto Millioni	incinct rape,
Address & a Perheen and	Toler a Frisher made
12/11 W PA 1 AAO	227 SIGNATURE M. D. or other
19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	Address Dalcalany Test Date algored Joj 4V
(Date rec'd by registrat)	- Hunidas

RECEIVED

NOV 1 1945

RUBEAU V. R.

VS A15

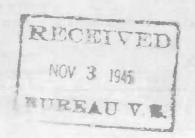
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /3

CERTIFICATE OF DEATH

Reg. Dist. No. 3.33

1. PLACE OF DEATH: Gounty W1.COM1.CO	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)		
	state Maryland County Worcester		
City or town Salisbury, Maryland (If outside city or town limits, write RURAL and give nearest town)	City or town Berlin, Rt.#2, Maryland		
How long in above place of death? 8/10/45	City or town Berlin, Rt.#2, Maryland (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred: Eastern Shore Tuberculosis Sanatorium	Street No.		
	(If rural, give LOCATION)		
How long in hospital or institution? 8/10/45	2,(a) If veteran, name warNO		
3. (a) FULL NAME	3. (b) Social Security Number		
Marshall, William Wesley	None		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Widower	2D. DATE DF DEATH. October 14 19 45 21 2 p M		
6.(6) Name of husband or wife Mildred Quillen Marshall	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of 0 4 3 0 3 0 0 6.(c) It allve, give age dead years	August 10 19 45 10 Oct. 14 1945 and that I last saw him ally on Oct. 14 1945		
7. Birth date of deceased (mo., day, yr.) Oct. 12, 1896			
8. AGE: Years Months Days It less than one day	Pulmonary Tuberculosis, 6 mts.		
49 0 2hrsmin.	Infiltration Open R-5, Both sides.		
9. Birthplace Norfolk, Virginia (Town, county, and state)	Due to.		
	no poseumonial.		
1D. Usual occupation Fisherman	Due to		
11. Industry or business			
[12. Name William Franklin Marshall	Dther conditions		
E 12. Name William Franklin Marshall 13. Birthplace Virginia			
質 14. Maiden name Lila Nottingham	(Include pregnancy within 3 months of death)		
	Major findings of operations.		
1	Date of op.		
16. Informant Mr. LLOYD MRSHALL	Autopsy results		
Address MILLARDSMD			
17. (Burlal, cremation, or removal, Which?) Date thereof. (month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the tollowing;		
17. (Burlal, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory	Whera dld injury occur?		
Location Bullin and R. J. D.	injured at home, farm, industry, public place (where?)		
O River	Mesns of Injury Injury Injury		
18. Funeral director	26 98		
Address (Serley has	23. SIGNATURE M. D. or other		
19. (Date regol by registrary Agesistrar	7		
(Date reo'd by registrar)	Address Salisbury, Maryland Date signed 10/14/45		



2411 N. Charles

St.,	Baltimore	(940)
------	-----------	-------

			CERTIFICA	TE OF DEA	TH	Reg. Dist. No.	339	
City or town	sbury side city or town li death?	earsdeath occurre	RURAL and give nearest town)	Sireet No. 224 Camden Ave.				
3. (a) FULL NAME	Clara				3.	(b) Social Security	Number	
4. Sex Female	5. Color or race		e, married, widowed, or divorced		MEDICAL CERT Oct. 19, 194	519		
7. Birth date of deceased (mo., day, yr.)	Sept.	22, 19		and that I last saw D	ath occurred on the date above stat	To lef	19	
8. AGE: Years 43	Months	Days 27	If less than one dayhrsmln.	Corre	nony Thor	frie	anddon dioth	
10. Usual occupation	estaurant	Own	Co. Md.	Due to				
₹ 13. Birthplace Ch		***************************************		Other conditions	ude pregnancy within 3 months	of death)		
14. Malden name 15. Birthplace	Clara Re	enes		Major findings of ope		••••••		
16. Informant MPS Address Sal	William G isbury. M		ne Jr.	Autopsy results PHYSICIAN: Please	ooderline the cause to which de	ath shoutd he charged	************	
17. Buri	al r removal. Which?) Asbury	Date ther	eof	Accident, suicide, or h	ath was due to external causes, fillomicide	Date of		
Location					Industry, public place (where?)			
Address Sa 19. (Date rec'd by regis	lisbury,	VId.	about to	23x SIGNATURE	Deputy med	M. D. Date signed.	or other 10/19/4 =	
- Tour Toy of Tight	7.		of the state of th	Audress	······································	uate signed.	and any free construction of a construction of	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING



2411 N. Charles St., Baltimore 93-0

10455

OFD	PERM	TION	PROPERTY.	OF	DEL	PRINT T
CH.K		1 C.A	1 P.	OF	Dr.A	

Reg. Dist. No. 333

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Golor or race 6.(a) Single, married, widgwed, or divorced male white widewed	MEDICAL CERTIFICATION 2D. DATE OF DEATH
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above states: That I site the deceased from 19. 4.
7. Birth date of deceased (mo., day of street 18 - 1865	and that I last saw ht
8. AGE: Years Months Days It less than one day 4	Inimediate cause of death
9. Birthplace formeret, Co. (Town, county, and state)	Due to
10. Usual occupation Civil Engre + tarmer	Due to
12. Name Wm F. W. Miles 13. Birthplace Someset Co.	Other conditions
# 14. Maiden name Sarah & Coston	(Include pregnancy within 8 months of death) Major findings of operations
15. Birthplace Somewelf Co.	Date of op.
16. Informant 26. Bolland Miles	Antopsy results
17. Burial, cremation, or removal. Whileh?) Bate thereot (dx) (year)	22. VIOLENCE: It death was due to external causes, till in the tollowing: Accident, suicide, or homicide
Cemetery or crematory St Cindrews Clin 2	Where did injury occur?
Location Transplace Summe The	Injured at home, tarm, industry, public place (where?)
18. Funeral director alale Nacheelf	Meens of Injury Injured at work?
Address Frances aune ma.	23. SIGNATURE M. D. or other
19. Date reck by registrary (Date reck) by registrary	Address Suffedown mo Date signed 1872 JUS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the eauses of death clearly and legibly MARGIN RESERVED FOR BINDING

VS A15

NOV 7 1945 BUREAU V R MARGIN RESERVED FOR BINDING

VS A15

teher

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

St., Baltimore

CERTIFICATE OF DEATH

10456 Reg. Diat. No. 333

1	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County W. Conuc	State Tra county Somercet
(If outside city or town limits, write RURAL and give nearest town)	Maineau (Imma)
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
How long in hospital or institution?	(If rural, give LOCATION)
1	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
my mande moss.	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F W married	20. DATE OF DEATH OCT 23- 1945 at 5 3 B M
8,(b) Name of husband or wife James to moss	21. I CERTIFY that death occurred on the date above stated; that t aftended deceased from
6.(c) If alive, give age 7.4 years	10/9 19.45 10/23 1845
7. Birth date of	and that I last saw h = alive on 18723 1944
deceased (mo., day, yr.) March 2, 1882	Immediate cause of death
8. AGE: Years Months Days If less than one day	Lobartuemen 2 dags
63min.	(tenucal).
9. Birthplace New York & tate	Due la Colemanie Autoritation
(Town, county, and state)	· Trefilentis 1 4.
10. Usuat occupation	Due to
11. Industry or business	
12. Name. Unbourned	Dther conditions
	(Include pregnancy within 3 months of death)
14. Malden name Andrew 15. Birthplace	Major findings of operations.
S 15. Birthplace	Major hadings of operations. Date of op.
Jan - 110 You A	Antopsy results.
(10)	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Thurs Cine Ma	22. VIOLENCE: tf death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Episcopal Cemelery	Where did injury occur?
Location Preusess The ondo	Injured at home, farm, industry, public place (where?)
Location	Meens of injury Injured at work?
18. Funeral director. Wale Masheell	moons of import
Address Princess Cine md.	Wen of Grande 240
10/25 115 April 20 De	28. SIGNATURE M. D. or other
(Dake rec'doy registrar)	Address Daleshary Deed Date signed 723, 44



2411 N. Charles St., Baltimore 92-7

					100,00
CER	TIF	CATE	OF	DE	ATH

pn				
	Reg.	Dist.	No. 333	

CERTIFICA	ATE OF DEATH Reg. Dist. No. 23
City or town	2. USUAL RESIDENCE (HOME) OF DECLASED: (For newborn inforts give residence of mother) State City or town City or town
How long in above place of death? Hospital, is studion or street address where death courted: How long in hospital or institution?	Sireel No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME Sewige Washin	gton Musply 3. (b) Social Security Number
4. Start Start Start Marie Maried, widowed, or divorced Marie Mari	MEMCAL GERTIFICATION 2D. DATE OF DEATH OCH 1822
6.(b) Name of husband or wite	ars and that I last saw h
8. AGE: Years Months Days If less than one day	Immediatocagne of death Duration Duration
9. Birthplates (Town/county, and style)	Due Io.
10. Usual occupation. 11 Industry or business 12 name / Maryson, Murysh	Due to
13. Birthplace All Churty Co. Made 14. Maiden name Whay Continue C	Major findings of operations.
16. Information Margaret P. Muryly	Date of op
Address Addres	Accident, suicide, or homicide
Cometery or cromatory Location Location	Where did injury occur?
Address Salify mayland	237 SIGNATURE P Man
19. (Date ree'd byregistrar) 19 4 5. He algier Constitution	Address Malily Wd Date signed 28/15

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

NOV 7 1945 BUREAU V E

2411 N. Charles St., Baltimore 23

CERTIFICATE OF DEATH

10458 Reg. Dist. No. 33

	205. 2 100. 100. 100. 100. 100. 100. 100. 1
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn in this give residence of mother)
County	State Md County Misconnice
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town. (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death openired:	Street No.
n t a band a ballette	(If rural, give LOCATION)
How long in hospital or institution? 3. (a) FULL NAME	2.(a) If veteran, name war. 3.(b) Social Security Number
	ward Parratt
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white manied	20. DATE OF DEATH OCK 5 1941 at 6 3 MM
6.(b) Name of husband or wife. Theretoe Portatt	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
6.(c) It alive, give age 80 years	- 10 Clother 4.5 19.45
7. Birth date of deceased (mo., day, yr.) fam. 16, 1864	Immediate cause of death OURATION
8. AGE: Years Months Days If less than one day	Cerel al yew reliase
81 8 19hrsmin.	
9. Birthplace (Town, county, and state)	Oue to
10. Usual occupation.	Due to.
11. industry or business	000 (0
12. Name	Other conditions as being a sclerosia.
	(Include pregnancy within 3 months of death)
14. Maiden name Wat Know	Major findings of operations
Mars And Harris	
16. Informant Marie Control of the C	Autopsy results
Address Casantida, Ma	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Characterises Characterises	Where did injury occur?
Location Outunting Toll	Injured at home, farm, Industry, public place (where?)
18. Funeral director the Hull tilahasan ca	Means of injury Injured at work?
Address, Solison, not	William Emrich
10 Oct 7 10 45	23. SIGNATURE M. D. Oroscher y 74.
19. (Date rec'd by/registrar) Registrar	Address 17 MUI - MU Date signed

NOV 5 1943

2411 N. Charles St., Baltimore 37.2

10459

FRTIFI	CATE	OF	DEATH

Reg. Dist. No. 3

	H		
	co.	1. PLACE OF DEATH: N. Comic	2. USUAL RESIDENCE (HOME) OF DECEASED: (For my whorn inforts give residence of mother)
	on carefully. The	County	State Ma D County Micomic
	ly. d le	City or town	City or town Salusting
	ful	How long in above place of death?	(if outside by or townslimits, write RURAL and give negrest town)
	care	7/3 /Vailes St.	Street No
	ion	How long in hospital or institution?	2.(a) If veteran, name war
	information of death clea	3. (a) FULL NAME Edward James &	Printer 3. (b) Social Security Number
BINDING	em of in	4. Sex Sex S. Color or rice S. Color or rice S. Color or rice Marie D	2D, DATE DE DEATH CEL. (20, DATE DE DEATH 19.45, at 8 cm. M
	11.	6.(b) Name of husband or wife Seletunde Prince	21. I CERTIEN that death occurred on the date above stated; that I attended deceased from
	very e the	(c) if alive, give age () years	19.4) 10. 90/1.3 19
FOR	itie	7. Birth date of deceased (mo., day, yr.) Much th 20-1874	and that I last saw h
	pply se wr	8. AGE: Years Months Days If less than one day	Carcinoma of Prostate
IV.	Sur	arsmin.	Cardrae del maplusalio
RESERVED	INK. ns: pl	9. Birthplace	Due to
띥	G II	1D. Usual occupation.	
Z	ADING INK. Physicians: I	11. Industry or business	Due to
MARGIN	T.	12. Name Janua Polita 13. Birthphete 2 June	Other conditions
MA	VITH UNI	\$ 13. Birthplace Aus Jusey	(Include pregnancy within 3 months of death)
T	H	14. Malden name latella ann ladgen 15. Birthplace Ruy July	Major findings of operations
4	WITH	15. Birthplace	Date of op.
	Y, 11y	16. Informatilles. Neutrade of the	Anopsy results
	PLAINLY, s especially	Address 4/3 Harles it. Saliefy Mc	22. VIOLENCE: If death was due to external causes, fill in the following;
		(Burial, cremation, or remeal Which?) Date thereof. (ady) (year)	Accident, suicide, or homicide
	• (-1)	Cemetery or crematory factoris and	Where did injury occur?
	RITE	Location Salvely may Carel	Injured at home, farm, industry, public place (where?)
1	WRI	Hollmal + Challe B 24	Company of Jojury Injured at work?
ALB	PLEASE	Address taliffy md	10
A.	LEA	101/ 14- So 140	23, SIGNATURE Mushing lub M. D. or other
>	F	(Date rec'd by registrar) (Date rec'd by registrar)	Address Balishing hid Date signed 10/5/x J



CERTIFICATE OF DEATH

			9	-	-
Reg.	Dist.	No	3.		<u></u>

age	2411 N. Charle	s St., Baltimore 937)	
rect	CERTIFICAT	E OF DEATH Reg. Dist. No 3	3
ion carefully. The corclearly and legibly.	1. PLACE OF DEATH: County City or fown	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	
on car	How long in hospital or institution? Once My and the	(If rural, give LOCATION) 2.(a) If veteran, name war.	
informat of death	3. (a) FULL NAME 4. Sex 5. Polor or race 6.(a) Single, married, widowed, or divorced	3. (b) Social Security Number MEDICAL CERTIFICATION	
causes	male a.a. married	20. DATE OF DEATH	104
every it	B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19	19 445
Supp please	8. AGE: Years Months Days If less than one day hrs. min. 9. Birthplace Solve of Lawry Systemics for ma.	Immediate cause of death DI Augustion Augusto Augusto	URATION
ADING INK Physicians:	10. Usual occupation. Object and state) 11. Industry or business & and object and objec	Que fo	
Gr.	12. Name . Usafanacus 13. Birthplace who au	Other conditions	
WITH	14. Malden name Manhamassan	Major findings of operations. Date of op.	
PLAINLY, is especially	Address Sulchery mad	Autopsy results PHYSICIAN: Please nuderline the cause to which death should be charged statistica 22. VIOLENCE: If death was due to external causes, fill in the following;	ily.
E Pl	(Burlal, cremation, or removal. Which?) Cemetery or grematory.	Accident, suicide, or homicide)
SEIWRIT	18. Funeral director Assault Stewart	Injured at home, farm, industry, public place (where?) Meens of injury Injured at work?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
PLEA	19. (Dute regul by registry) Address	23, SIGNATURE M. D. or other Address Date signed	E/Hz

MARGIN RESERVED FOR BINDING

VS A15



VS A15

10	0
NA.	Gray
	1

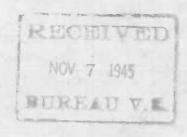
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N

Charles	St.,	Baltimore	(93 ml)	

10461

CERTIFIC	CATE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: Comic County	Street No. (If rural, give LOCATION)
3. (a) FULL NAME	2.(a) 11 veteran, name war
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced 6.(b) Name of husband or wife 1. 1. 1. 1. 1. 1. 1. 1	Due 10. Due 10. Due 10. Other conditions (Include pregnancy within 3 months of death) Major fisdings of operations. Date of op. Antopsy results. PHYS1CIAN: Please nuderline the cause to which death should be charged statistically. 72. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Date of Date of
Localion Alberta director Address Addr	Where did injury occur?
19. 10/26/19. N.B. Haggief & 1	23. SIGNATURE M. D. or other M. D. or other Address Alushung M. Date signed 10/25/45



ease ple

especially

WRITE

PLEASE

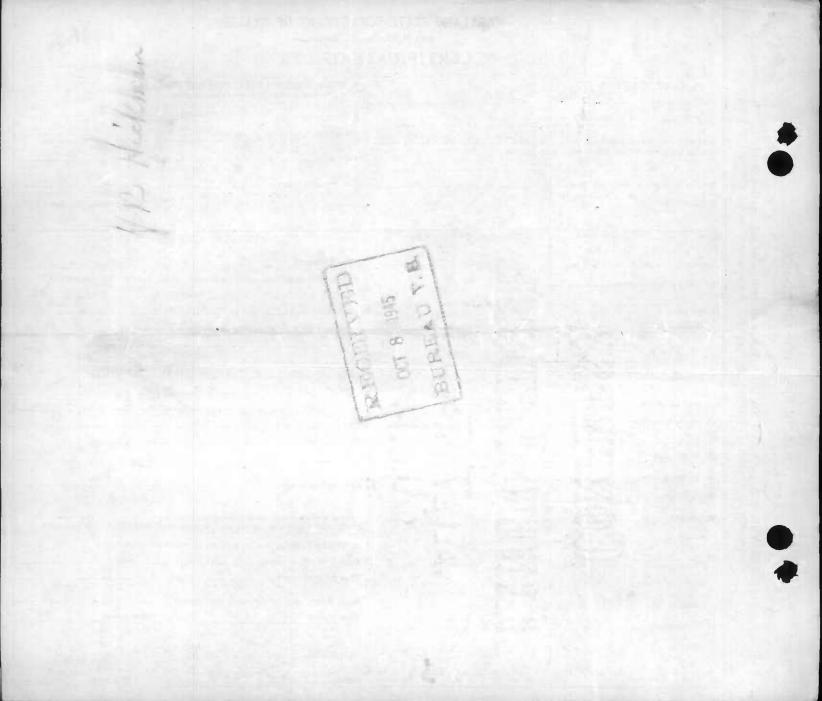
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Balt

imore	(BFE)
	(21E)

CERTIFICATE OF DEATH Reg. Dist. No ... 2. USUAL RESIDENCE (HOME) OF DECEASED: . PLACE OF DEATH: (For newborn infants give residence of mother) State ! (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? (If butside city or town limits, write RURAL and give nearest town) Hospital, institution, or street address where death occurred: Street No. . (If rural, give LOCATION) Hew long in hospital or institution?. 2.(a) If veteran, name war...... 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex MEDICAL 7. Birth date of deceased (mo., day, yr DURATION If less than one day 8. AGE: 9. Birthptace (Town, connty and state) 10. Usual occupation. 11. Industry or business 13. Birthplace (Include pregnancy within 8 months of death) 14. Malden na 15. Birthplace 16. Informant PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide...... (Burial, cremation, or removal, Which?) (day) (year) Where did injury occur? (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Means of Injury injured at work? 18. Funeral director 23. SIGNATURE M. D. or other

Registrar | Address.



MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

948

10463 Reg. Dist. No. 3.3.3

CERT	rific	ATE	OF	DF.A	TH

1. PLACE OF DEATER!	(For pewhorn i fants give residence of mother)
County Q ACCONCE	
City or town Oalisbury	State Mac County Macconsist
(If outside city or townlimits, write RURAL and give nearest town)	City or town . Speliabrus
How long in above place of dealh?	City or town
Hospital, Institution, or steel address where death occurred:	lel D Wass alle
Jahn B Maroun dence	Street No.
	(irrural, aye LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	2 (b) C - 1 C - 1 N - L -
0 - 6 0	3. (b) Social Security Number
anne C. D	milh
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
H	
Germalo White Smale	20. DATE DF DEATH 26 20 19.42 21 12 14 M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Clerg 19 45, 10 Oct 20 1945
7. Birth date of	and thet I last saw Language on O J 19 19 19
deceased (mo., day, yr.) Andre 27. 1877	
8. AGE: Years Months Days If less than one day	Immediate cause of death
o. Ade:	/liqua / Week
68 2 23hrsmin.	
24. 7	P
9. Birthplace (Town, congty, and state)	Due to.
(10wn, county, and state)	
1D. Usual occupation.	
	Due to
11. Industry or business	
12. Name alarmature Smile	Other conditions
13. Birthplace Many Cand	
El 13. Birthplace	(Include pregnancy within 3 months of death)
# 14. Maiden pame / Nouve & Mailies	(and the program of t
and I	Major findings of operations
∑ 15. Birthplace	Date of op.
Ash B Paramatha	
16. Informant	Antopsy results
Address	Initional liesse anderine the course to which death should be charged statement.
N 0 × 1/10/12/11	22. VIOLENCE: It death was due to external causes, fill in the following;
(Burial, cremation, or remove), Which?) Date-thereof. (month) (day) (year)	Accident, suicide, or homicide
(Burial, cremation, or remove) Which?) (month) (day) (year)	
Cemelery or cremalory / Caracana Caracana	Where did injury occur?
801-1-1-20	
Location	Injured al home, farm, industry, public place (where?)
4/1 Hill it shell a	Meens of Injury Injured at work?
18. Funeral director	1.1.
Address Salizburg 7241	There & Mann
1 1 1	23) SIGNATURE
10 10/9, 8, 10 HB Thasquat &	Luxan Do P. L. M. D. or other
(Date rec'd by registrar)	Address Date signed 12/14

NOV 7 1945 RUREAU V.B.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10464

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County. Dept. Market	(For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State County Rucothuco
	City or sown alles
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital Institution, or street address where death occurred	Street No.
Alasada Rafal Nagual	(If rural, give LOCATION)
How long in hospital or institution?35 Alles	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
May Clinalist Sniss	o. (o) becarry number
4. Sey 5. Color or race / 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
tome (b) Itile) The days	6 1 1 1 A
TETRALIS STAND STANDERS	2D. DATE OF DEATH OU. 19.45., 21 17.457 M
8.(b) Name of husband or wife. Allers 9. Fruit	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Sirth date of	// 1/ // // / Cali - 4
deceased (mo., day, yr.) (4) 14, 1860,	7.10.00.00
8. AGE: Years Months Bays If less than one day	Immediate cause of death DURATION
art s in	3
85 8 1 / 1min.	
9. Birthplace aller Shusnes, no.	Due to Charge graphet
(Town, county, and state)	activity 1 miles
10, Usual occupation	
11. Industry or business	Due to.
	fract les fidue to a falla
12. Name Name Le Mallier	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Elizates are alles 15. Birthplace Inflorming G., M.	(Include pregnancy within 3 months of death)
5 Days a Camb	Major findings of operations
\$\ 15. Birthplace	Date of op
16. Informant heigh St. J. Smill	Autopsy results
161. m	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address Allanull, M	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Janual Date thereof 10/3/43.	Accident, suicide, or homicide Alexident Bate o August 1245
(Burial, cremation, or removal. Which?)	
Cemetery or crematory.	Where did injury occur? Callando Luttornica manyfanda (City or town) (County) (State)
Location aller Misoming Co. no	injured at home, farm, industry, public place (where?) Ot Romes
18. Funeral director, Ide Thills Itarian Co.	Means of Injury accidental fall. Migred at work?
fil. 11. m	Un' 2 4 2
Address Sallelung, M.S.	of acousting the fall a lister
10/2 46-10 m 1 20 (p	M. D. or other
19	Address Jaluly Jud Date signed 0.3 4 1

RECEIVED OCT 26 1945
BUREAU VE

2411 N. Charles St., Baltimore 42-6 CERTIFICATE OF DEATH

10465 C. Dist. No. 333

	TE OF DEATH Reg. Dist. No. 33
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECLASED: (For newborn infant frive residence of mother) State County City or town (If outside city or town limits, write RURAL and sine nearest town) Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Margaret Ellen	Amullen 3. (b) Social Security Number
4. Sey 5. Polor organical 6.(a) Single, married, widowed, or divorced Marrie D	MEDICAL CERTIFICATION 20. DATE OF DEATH. MEDICAL CERTIFICATION 19.45, et
B.(b) Namo of husband or wife Alter Amullen	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
7. Birth date of deceased (mo., day, yr. OCI, 17-1911	and that I last saw hit alive on
8. AGE: Years Months Days If less than one day 33 // 6	Immediate cause of death DURAT
9. Birthplace	Due to
11. Industry or business WHA Working Ma	Due to
12. Name Carrier & Mitchell 3. Birthplace Salusty md	Other conditions
14. Malden namerica fellen Suner 15. Birthopes Frankfurf Def	Major findings of operations
Address 3 13 Rate it Sality not	Autopsy results
17. (Burial, cremation, or remove Which?) Date thereof (month) day) (year)	22. VfOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cometery or compaiory during the Comments of t	Where did injury occur? (City or town) (Connty) (State)
18. Fyer director my & Co. Walter R. The	Seans of Injury Injured at work?
19. (Date rec's by registrar) 19. (Date rec's by registrar)	23. SIGNATURE The class of the control of the contr

MARGIN RESERVED FOR BINDING

RECEIVED

OUT 26 1945

BUREAU V 8.

2411 N. Charles St., Baltimore

RTIFICATE (OF	DEATH	Reg. Dist. No.	2 -

CERTIFICAT	E OF DEATH Reg. Dist. No. 333
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED, (For a whorn intants give residence of mother) State Count City or town If outside city or town limits, write RURAL and give nearest (wn) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME Bessie Daylor	3. (b) Social Security Number
4. Sey 5. Color or race 6.(a) Single, married, widowed, or Wiverced Marie Marie 7.	MEDICAL CERTIFICATION 20. DATE DF DEATH
6.(b) Name of husband or wife	and that I last jame. Alive De
8. AGE: Years Months Days If less than one day	Coronery Thoubosis Guddle
10. Usual occupation	Due to
13. Birthplace allers med.	(Include pregnancy within 3 months of death) Major findings of operations
16. Informan 14. I thin & Daylor Artifest O. #/2 Edler mid.	Autopsy results
17	Accident, suicide, or homicide
18 Fureral Greeks May 16. Walte R. Hellows Address Saliffing manyl and	Injured at home, farm, industry, public place (where?) Means of Injury Injured at work? Injured at work?
10 100 /11-co 1 1 RO Col	23. SIGNATURE M. D. or other

Address.

PLEASE WRITE PLAINLY, WITH UNFABING INK. Supply every item of information carefully. The correct age is especially important, Physicians: please write the causes of death clearly and legibly. VS A15

(Date rec'd by registrar)

MARGIN RESERVED FOR BINDING

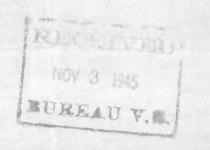
PECHIVED NOV 1 1945 BUREAU V-8

2411 N. Charles St., Baltimore 13/10

CERTIFICATE OF DEATH

Reg. Diat. No. 335

1. PLACE OF DEATH: - Nie pring and	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn ipfants give residence of mother)
County	\mathcal{M}''
City or town. (If outside city or town limits, write RURAL and rive nearest town)	State County Add MALL
	City or town
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
105 Chlissy SJ.	(If rural, give LOCATION)
How long in hospital or institution?	2.(o) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Lumie Estella, In	slor
4. Sex 5. Color of race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F. W. Widow	20. DATE OF DEATH Detale 13, 1945, 21 4:30 A.M
D. 1 P. 4	21. I CERTIFY that death occurred on the date above stated; that attended deceased from
6.(b) Name of husband or wife J. L. J.	21. I CENTIFY THAT GEATH OCCUPYED ON THE DATE ADDRESS THE ATTENDED TO CONTROL TO SELECTION OF THE PROPERTY OF
6 (c) If allyo give age weare	19.45 10
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Chronic neplesika
76 2 27hrsmin.	A Michael Manager and Manager
10 3 19 1	
9. Birthplace Shandhanny Millemico & Mil.	Due to
(Town, county, and state)	
10. Usual occupation. Deletal Selection	
	Due to
tt. Industry or business	
12. Name Millis Millis Manuels Consult	Other conditions asteris 20 le rouse
12. Name Milly Restriction of Market 13. Birthpiace Thanktown Mr.	
That I have a so that	(Include pregnancy within 8 months of death)
# 14. Maiden name / Market Cappin	Major findings of operations
6 CX //st ; The	
\$ 15. Birthplace Shally Court, Alla	Date of op.
16. Informant 120. William Stephens	Autopsy results
1/1/ mdl	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address / Lanou Ma"	22. VIOLENCE: If death was due to external causes, fill in the following:
17. 13151515151 Date thereot. 10/15/45	
(Burial, cremation, or removal. Which?) Bate thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Andrew Mens Landens	Where did injury occur?
- 1 - hall	
Location Shakasharma I I I I I I I I I I I I I I I I I I I	Injured at home, farm, Industry, public place (where?)
18. Funeral director David L. Massick	Meens of Injury Injured at work?
18. Funeral director A A A A A A A A A A A A A A A A A A A	CA 100. P . A
Address Welney Ma.	The Obligator & Mel Mich
1+114-11/10-1-20	23. SIGNATURE M. D. or other
19 10 10 19 116 Haracel E. 199	Turan Helson h. J. Ochlerick
(Date rec'd by registrar)	Address 17 CO Date signed 4



MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

10468

CERTITICAL	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town) Street No
3. (a) FULL NAME Edith Tragle	3.(b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Semula Manual	MEDICAL CERTIFICATION 20. DATE DF DEATH 20 7 15 15 19 M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19.445, to
8. AGE: Years Months Days If less than one dayhrsmin.	Immediate cause of death
9. Birthpiace Porces (Town, county, and state) 10. Usuai occupation.	Due to
11. Industry or business 12. Name Dilliam Management 13. Birthplace	Die to
13. Birthplace 14. Malden name.	(Include pregnancy within 8 months of death) Major findings of operations
18. Informant Design	Antopsy results
17	Accident, suicide, or homicide
Cemetery or crematory Old Porconda 7224	Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) (injured at work?
18. Funeral director	25. SIGHATURE M. D. or other
19. Onto rec'd by registrar) 19 dy 6 Basquet Pall Registrar	Address Date signed Date signed

NOV 1 1945 RUREAU V.R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)-2)

CERTIFICATE OF DEATH

	Reg.	ж		3	2,	0
jus.	Reg.	Dist.	No.			

1. PLACE OF DEATH: Gounty Wiesmans					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town Mandelan Shings - Annal (If outside city or town limits, write RURAL and give nearest town)					State Maryland County Wicomico	******	
How long in above place of death?				and Bite hearest town,	(If ontside city or town limits, write RURAL and give nearest town)	******	
					(If ontside city or town limits, write RURAL and give nearest town)		
		^	/		Street No. apple Road		
	1 1				(11111)		
		titution?			2.(a) If veteran, name war		
3. (a) FULL NAME Butha Thomas					3. (b) Social Security Number 213 - 16 - 7473		
4. Sex	5.	. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CERTIFICATION		
Femal	e C	olored	Ma	inel	20. DATE OF DEATH. October 17 19.45 at 11:50	, A. M	
B.(b) Name of hi			7	mes	21. I CERTIFY that death occurred on the date above stated; that attended deceased from	15	
7 Plate data of		*****************	8.(0	r) If alive, give age33yea	and that I last saw h. S.R. alive on Octo 3 ER () 19)	1.1	
deceased (mo.		March	30, 19	08		V	
8. AGE:	Years	Months	Days	If less than one day	= Immediate cause of death DURAT		
	37	6	17	hrsmii		/	
9. Birthplace		Virgi	uia/	tate)	Due to CHRONIC NEPHRETIS 18 MG		
					\$		
		Hon			Due to. 6556 27124	**********	
11. Industry or b					Hy personsion .		
置 12. Name	40	hu Hu	man	***************************************	- Other conditions	*******	
Z 13. Birthpla	ce	Virginia					
14. Maiden 15. Birthpla	name	Gargia	Vise		(Include pregnancy within 8 months of death)		
15. Birthola	ce	Virginia	,		Major findings of operations.	**********	
16. Informant	11.				Date of op.		
101		6	. 7	A = A	Autopsy results		
Address			7/	haryland, R.F.D.	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)				of October 22, 1945	Accident, suicide, or homicide		
7. / ^ [odist Centery	Where did injury occur? (City or town) (Connty) (State)		
				maryland 1			
Location					Injured at home, farm, Industry, public place (where?)	.00.,00.00	
	- /	1 // '		and Son	mount of infair	-	
Addrese	redel	alsburg	, man	yland	23. SIGHATHATEA		
19		V	(/	M. Por other	/ 1	
(Data rec'd	by registr	or)	***************************************	Pagistra	The state of the s	1	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RYANG TO PERTANGED THE OR SERVICE OF THE OR SERV

THE RESIDENCE OF STREET

Miles William



MARYLAND STATE DEPARTMENT OF HEALTH age 2411 N. Charles St., Baltimore 93-0 CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECLASED: (For newborn infant/give residence of mother) information carefully. The of death clearly and legibly County. (If outside city or then limits write RURAL and give nearest town) How long in above place of death? of rural, give LOCATION) How long in hospital of institution? 2.(a) It veteran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION 20, DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7. Birth date of deceased (mo., day, yr.) 8. AGE: ADING INK. Physicians: 1 10. Usual occupation 11. Industry or business (Include pregnancy within 3 months of death) Major findings of operations. PLAINLY, is especially PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide.. Where did injury occur? WRITE (City or town) Injured at home, farm, Industry, public place (where?) ... Injured at work? Mesms of injury PLEASE

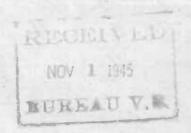
23. SIGNATURE.

(State)

M. D. or other

FOR BINDING

MARGIN RESERVED



DURATION

(County)

Injured at work?

RECEIVED NOV 6 1945 BUREAU V.S. 10019

January 1

1-738

IN Hidot

Cotober

RECEIVED
NOV 7 1945
BUREATIVE

2411 N. Charles St., Baltimore 783)

CERTIFICA	TE OF DEATH Reg. Dist. No	333
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infante give residence of mother) State County City or town (If outside city or town limits, write RURAL and give neares: Street No. (If rnral, give LOCATION) 2.(a) If veteran, name war.	
3. (a) FULL NAME	3. (b) Social Security Nu	
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION 20, DATE OF DEATH 19	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that t attended deceased	d from
7. Birth date of deceased (mo., day, yr.) Unlanduln	and that I tast saw h	DURATIDI
8. AGE: Years Months Days If less than one day	Due to.	sudo Leath
1D. Usuat occupation Guntanus (Town, county, and state) 11. Industry or business Wandson	Bue to	
12. Name Unknown	Other conditions	
14. Maiden name. Olsskan asless. 15. Birthplace unknauen	Major findings of operations. Date of op.	
16. Informant	Antopsy results	tistically.
Address 17. Burial, cremation, or removal. Which?) Cemetery or crematory Public (month) (day) (year)	Where did injury occur? (City or town) (Gounty)	My State)
18. Funeral director Association of Stationary	Injured at home, farm, industry, public place (where?) Means of injury fell in the injured at work? Means of injury fell in the injured at work?	6
19. Date rec'd by registrary 19 2/6 Harguist 19. Description	23 SIGNATURE All proby Med James M. D. or M. D. or Address Date signed.	1/10

S A15

RECHUIVIA NOV 3 1945 BUREAU V F

-	Reg	Dist.	No	3	3	9

98	2411 N. Charles St., Baltimore 830				
rrect	CERTIFICAT	TE OF DEATH Reg. Dist. No. 33			
n carefully. The co- learly and legibly.	City or town. City or town. (If outside city or town limits) while RURAL and give nearest town) How long in above place of death? Hospital, institution, of street address where death occurs of the street address of the street ad	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother). State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)			
information caref of death clearly	3. (a) FULL NAME Plarence L. Hincent	3, (b) Social Security Number The Vine Ceater Medical			
m of in	Male Scool or race S. (a) Single, married, widowed, or divorced Married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH ACCOUNTY 19 45 at 5 P. M			
PLAINLY, WITH UNFADING INK. Supply every item of s especially important. Physicians: please write the causes	6.(6) Name of husband or wite fulfilles and the fulfilles of the first of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day hrs. min. 9. Birthplace of fulfilles from country, and state) 10. Usual occupation. from country, and state) 11. Industry or business in kinearal efficiently sentially the fulfilles of the fulfill	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19			
	16. Informant Many Milling Address Ann Rull, Date thereof (mouth) (dgr) (year)	Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Bate of			
PLEASE WRITE P	Cemetery or crematory Which? (month) (dely) (year) Location Address Now Null Mag	Where did lojury occur?			
PL	19. (Date rec's by registrar)	Address Dalesberry ned Date signed 7/2 W			

Company of the Compan

1945

NOV 3 1915

BUREAU V.E.

MARGIN RESERVED FOR BINDING

VS A15

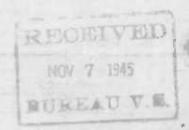
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

CERTIFICATE OF DEATH

111475 Reg. Diat. No. 333

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)
County Wish Mich	
City or town Salls DAM/ (If outside city or town limits, write RURAL and give nearest town)	State Man My County Sandy
How long in above place of death? 3	(If outside city or rown limits, write RUKA) and give nearest town)
Hospital, Institution, or street address where death occurred:	Sireet No. Bally Durenne
Peninsula General Hospital	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Joseph Weber	Hone
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE DF DEATH CECT 22 15-13 21 11 A M
8.(6) Name of husband or wife Assaura Deller	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	act 14 1945 to at 22 1945
7. Birth date of deceased (mo., day, yr.)	and that I last saw h Ana alive on G 2 7 19 4 1-
8. AGE: Years Months Days If less than one day	Immediate cause of death
7/ hrsmi	all the second
00	The t
9. Birthplace (Towu, eggy), end etate)	Due to
10. Usual occupation Black Smith	
11. Industry or business	Due to
12. Name Set of Steller 13. Birthplace Steermany	Dther conditions
El 13. Birthplace	(Include pregnnncy within 3 months of death)
HE 14. Maiden name & allering Dangle	Major findings of operatious.
2 15. Birthplace Geamany	
18. Informant Joseph Welsen	Autopsy results.
Address Dollas Deli N. La D.#	PHYSICIAN: Please underline the cause to which death abould he charged statistically.
10 - 1 - 10 HC	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burlal, cremation, es removal, Which?) (Burlal, cremation, es removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location -	Alajured at home, farm, Industry, public place (where?)
18. Funeral director. W. S. Marvel Co	Means of Injury Injured at work?
Address Delmar Delaware	11 M. Mich
12/211 111-00 14000	23. SIGNATURE
19. 10 10 11 19 0 Voalge 31 57	mornial Boto stone 10 /2-4/44



Dr. Gran

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

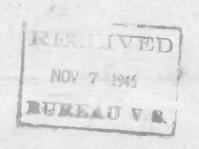
CEDTIFICATE OF DEATH

4		D: .	No. 333
	Reg.	Diat.	No

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH VI Comils	2. USUAL RESIDENCE (HOME) OF DECEASED. (For new porn infants, give residence of mother) State
City or town	
How long in above place of death	City or town (If ontside city or town limit, wire RIFRAL and give nearest town) Street No. 2 (If rurai, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME William Clayton	3. (b) Social Security Number
4. Sex Male Khile- Marie G.(a) Single, married, widowed, or differed	MEDICAL CERTIFICATION 20. DATE OF DEATH. 02, 25 18 45 2, 35 M
6.(b) Name of husband or write.	21. I CERTIFY that death occurred on the date above stated; that I attanded deceased from
7. Birth date of deceased (mo., day, yr.) Flet. 27-1876	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death OUHATION
9. Birthpiace PD. James Delawar (Town, county, and state)	Due to Personal Polemoscleron
10. Usual occupation	Due to
12. Name. John White 13. Biphptace P.D. Laurel Delaure	Other conditions
	(Include pregnancy within 3 months of death) Major findings of operations
14. Maiden name	Date of op.
16. Informant 121 & Phile	Autopsy results
Address die week, and warming	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal Which?) (mohth) (day) (year)	Nectority and the Control of the Con
Cemetery or frematory	Where dld Injury occur?
Hold may a William & William	Magns of lajury Injured at work?
18. Funeral director	L'Amsline
19. 10/25 / 1946 - Hassie & Col	23. SIGNATURE M. D. or other hud Date signed 10/25/4.
(Date ice of by registra)	Landers and the second sec

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15



1 MARGIN RESERVED FOR BINDING

VS A15

CERTIFICATE OF DEATH

		11	14	77		
۲.	Reg.	Diat.	Non	3	33	>

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infigures give residence of mother)
City or fown. S Collection (If outside city or town limits, write RURAL and give nearest town)	State County MMCOMMCO
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
hospital, institution, or street address where death occurred:	Street No
How long to hospital or institution? 39 tags - 45 males	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Innale W Sugle	20. DATE OF DEATH. act. 3 2 19 45 at 3 p
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) July 21, 1813	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Textonto 2 day
76 71 2/hrsmln.	
9. Birthplace Islands (Toyn, county, and state)	Oue to Ruptural De garage 3 days
10. Usual occupation. Stans. Tectory Operation	Oue to.
11. Industry or business finder Baying Factory	
12. Name Galles of White 13. Birthplace June Live Mar.	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Markey Miller 15. Birthplace Albackie Mac 2	Major findings of operations. Several perstonles
sit aliander	& Ruptined gongrams of Date of op. 10-2.1-5
18. Informant Afficial Adapta Afficial Popular	Autopsy results
Address Million March, Ta.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Africation Collision	Where did injury occur?
Location Addition Mile.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Daniel Complexity	Meens of Injury Injured at work?
Address / Stepen, Miles	Lass devale
10/81 wash Assaint a Class	23. SIGNATURE M. D. or other M. D. or other Address of the signed 10/22/

NOV 7 1945 BUREAU V.M.

VS A15

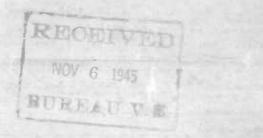
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-6

CERTIFICATE OF DEATH

10476 Reg. Dist. No.....

County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL und give nearest town) Street No. (If rural, give LOCATION) 2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Onnie Willer	o. (c) better seeming realist
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male 1. Married 8.(b) Name of husband or wife 7. Birth date of 8. (c) It alive, give age 7. Birth date of	MEDICAL CERTIFICATION 20, DATE DF DEATH 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 10. 11. 12. 13. 14. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15
deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	Due to Chamie mephritis Due to Chamie mephritis Due to Chamie mephritis
11. Industry or business Industry or business Industry or busin	Other conditions
Address 17. (Burial, cremation, or removal, White) Cemetery or crematory Location	22. VIOLENCE: If death was due to external causes, till in the tollowing; Accident, suicide, or homicide
19. Funeral director of the state of the sta	23. SIGNATURE M. D. or other
(Date rec'y by registrar)	Address Putroling Mate signed GET 1841.



VS A15

19.

			STATE DEPARTMENT (
deceased	is shown on Fi	lm No.G99	2411 N. Charles St., Baltimore	41-0

10478

...Date signed./

/ CERTIFICAT	TE OF DEATH Reg. Dist. No. 3.3.3
. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
ounty Miconuso	
lty or town (If outside city or town limits, wite RURAL and give nearest town)	State Mary County Delin The State of the Sta
low long in above place of death? 3 wells	(If outside city or town limits, write RURAL and give nesrest town)
ospital, inslitution, or street address where death occurred;	
Penn General Hospital	Street No
low long in hospilal or institution? 3 weeks	2.(a) If veteran, name war
B. (a) FULL NAME	3. (b) Social Security Number
le de de de de	5. (0) Social Security Number
Sex 5/Color or race 6.(0)Single-mergled, widowed, or disposed	oung
On a . A . A . A . A . A . A . A . A . A .	MEDICAL CERTIFICATION
more white wedowed	2D. DATE DF DEATH. 10-12 19 45, et 4, M
mary & smble	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
,(0) Name of Autocant of Wile of the Control of the	Dent 1 1995, 10 10 - 12 19 45
Birth date of	and that I last saw h Lalive on 10 - 11
deceased (mo., day, yr.) Dea 19, 1864	
B. AGE: Years Months Days If less than one day	Immediate cause of death
80 10 3hrsmin.	The state of the s
new yorka	Buo da
Birthplace (Towy, county, and state)	Due to
D. Usual occupation Altired insurance	
11. Industry or business	Due to
* MALLANDE	- Angel harten tolar
12. Rame	Other conditions
13. Birthplace	(Include pregnancy within 8 months of death)
14. Malden name Tough Turlbart	Major findings of operations Samuel Jenthulo
15. Birthplace O	Pate of an 12-3-45
Marian Charan	Zun
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Miomo, da,	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burlal, common, or removal, Whiteh?) Bate thereof (month) (day) (year)	Accident, suicide, or homicide
Cemelery or or and tory AX Cendrews	Where did injury occur?
Distract Clarice	Injured at home, farm, industry, public place (where?)
Location And Language Control	Means of Injury Injured at work?
18. Funeral director.	
Address Prinsess Cime.	123. SIGNATURE Jakadensky MD
19. Date rec'd by registrary 19 4 6 Hanget & Registrar	Address Date signed 1 / 1 / 2 / 45
	200 - 21810-

NOV 3 1945